

# North Carolina COVID-19 Vaccine Management System

## Provider Enrollment Portal Account Maintenance User Guide

Version 4

January 14 , 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**







If you have any questions, issues or requests, please go to the  
CVMS Help Desk Portal\* at  
[https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

\* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Provider**" option to submit your question, issue, or request.

**Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:**

1. Register for an account on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code

NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add "NCA" to the front of the six-digit PIN#)

For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021

3. You will receive an e-mail with your username and temporary password to log into the portal



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# Overview

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo and navigation links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. A welcome message states: "Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location. As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for: View More". Below this is a progress bar with steps: Provider Type/Set..., Population Served..., Storage Units, Practicing Providers, Review, S&H Attestation, and Completed. The current step is "Provider Type/Set...". The form section is titled "Provider Location (Section B)" and "COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)". It includes a dropdown menu for "Provider Type" with "Medical practice - family medicine" selected. Below this is a section titled "SETTING(S) WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)". It includes a note: "\* Settings: Select the setting for your location. If multiple settings describe your location, select more than one setting by holding down CTRL (CMD+CTRL on Mac) and clicking on each additional setting." The settings listed are: "Temporary or off-site vaccination clinic - point of dispensing (POD)", "Temporary location - mobile clinic", "Urgent care facility", "Workplace", and "Other". At the bottom, there is a field for "APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION".

After successfully enrolling your organization in the North Carolina COVID-19 Vaccine Management System (CVMS), you can still connect to the CVMS Provider Enrollment Portal to update information about your locations.

The content included in this user guide is for the following role:  
**Organization Administrator**

This user guide describes how to complete the following activities:

1. Reviewing locations
2. Adding new locations
3. Deactivating existing locations
4. Updating existing locations

Additionally, you will need to:

- Use the latest version of Chrome, Firefox, or Safari
- Log into the CVMS Provider Enrollment Portal (link to the portal included in the email inviting you to register)

**Now, let's get started!**

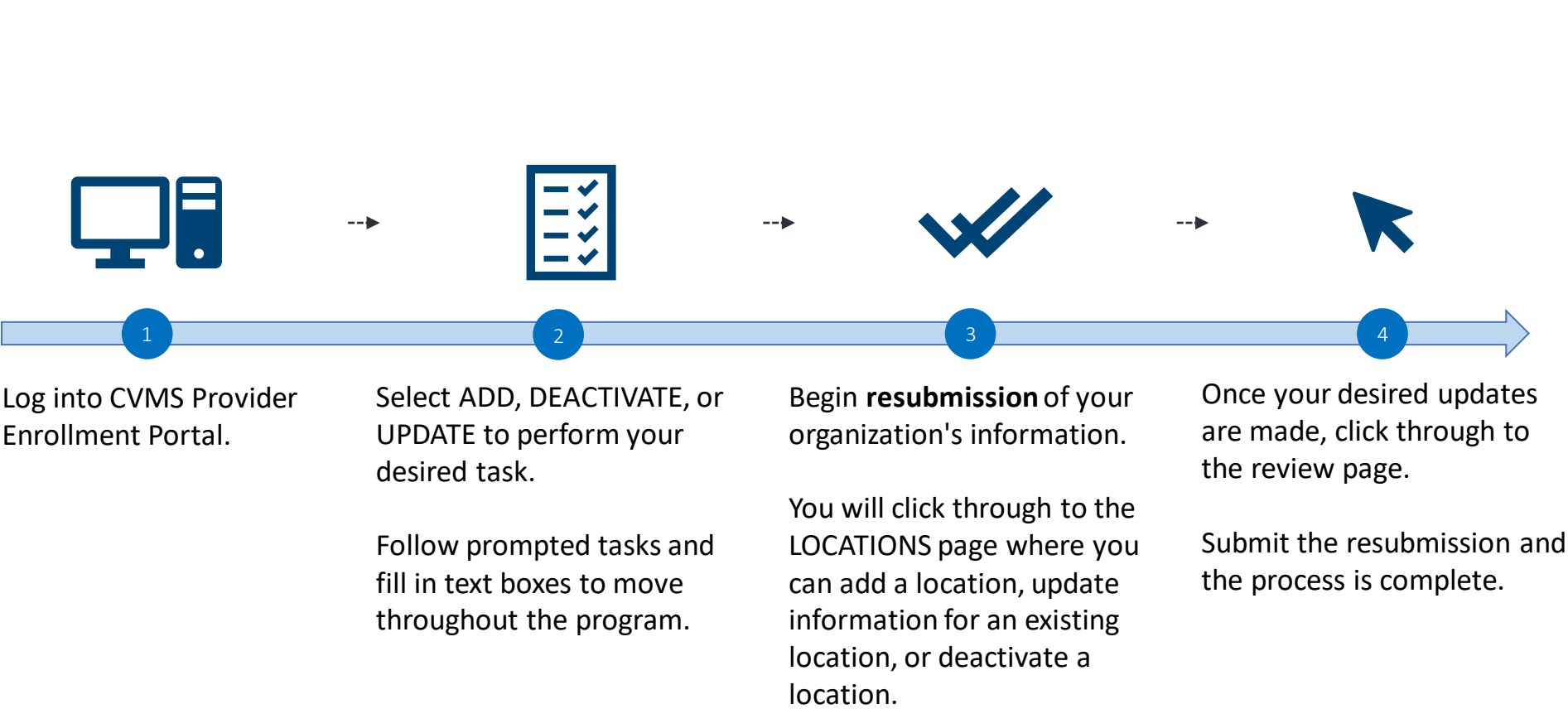


# Account Maintenance Process Overview



# Account Maintenance Process

What should I do when adding new, deactivating existing, or updating existing locations?



## Audience

Organization Administrator



# Reviewing Organization Record

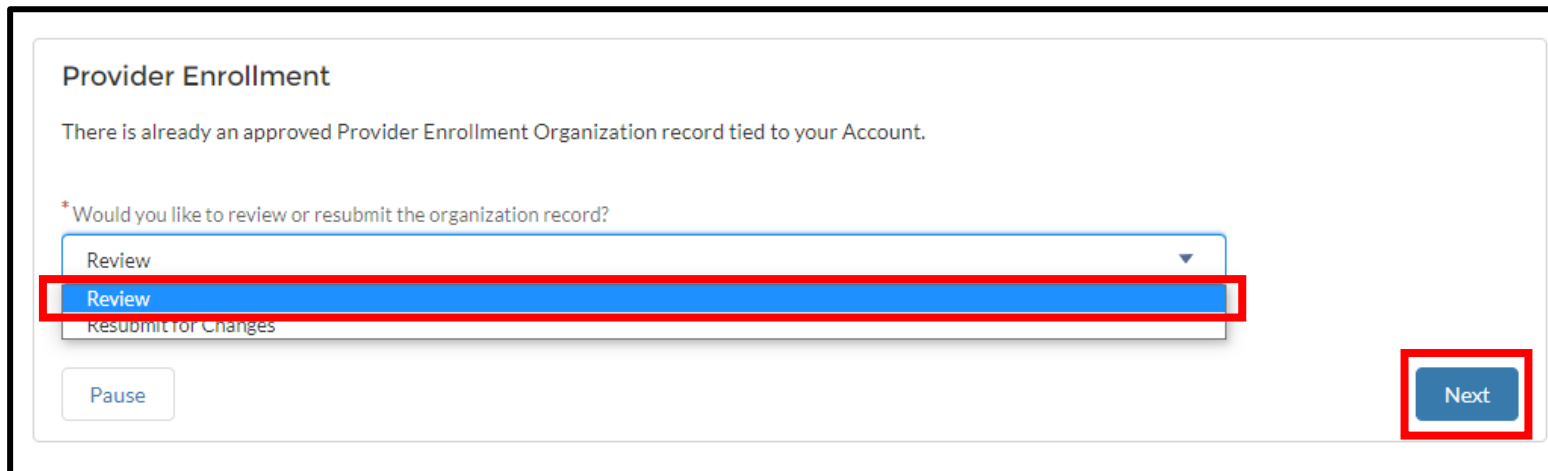


## Step 1 of 1: Review Section A

Organization Administrators can **REVIEW** information about their organization submitted in **SECTION A**.

You should review your organization record first before updating your submission. This step is only applicable to organizations with a Provider Enrollment Agreement that has already been approved.

1. Navigate to the **HOME** page of the *CVMS Provider Enrollment Portal*. If your organization is not yet approved, proceed to the next step.
2. Select **REVIEW**
3. Click **NEXT**
4. Review the status of your Provider Enrollment Agreement



**Provider Enrollment**

There is already an approved Provider Enrollment Organization record tied to your Account.

\* Would you like to review or resubmit the organization record?

Review

Review

Resubmit for Changes

Pause

Next

### Audience

Organization  
Administrator

### Tips

Review your submission before updating. Updating your submission requires your CEO and CMO to provide their signatures again and re-approval of your organization by the NC Immunization Branch.



# Adding Locations



# Step 1 of 3: Begin Resubmission

Organization Administrators can **UPDATE** information about their organization submitted in **SECTION A**. The below step is only applicable to organizations with a Provider Enrollment Agreement that has already been approved.

- 1. Navigate to the **HOME** page of the *CVMS Provider Enrollment Portal*
- 2. Select **RESUBMIT FOR CHANGES**
- 3. Click **NEXT**

Provider Enrollment

There is already an approved Provider Enrollment Organization record tied to your Account.

Would you like to review or resubmit the organization record?

Resubmit for Changes

Review

Resubmit for Changes

Pause

Next

## Audience

Organization Administrator

## Tips

You may update any information that is a part of your submission.

Clicking **PAUSE** allows you to save and return at a later point.



# Step 2 of 3: Add Location

NCDHHS

COVID-19 Vaccine Enrollment

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section 4 of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

Locations

Responsible Officers

Review

Provider Enrollment

Approved Locations

☐

Location Name

▼

☐

PhI, Coordinator First Name

▼

☐

PhI, Coordinator Last Name

▼

☐

PhI, Coordinator Middle Init...

▼

☐

PhI, Coordinator Telephone

▼

☐

PhI, Coordinator Email

▼

Pending Locations

☐

Location Name

▼

☐

PhI, Coordinator First Name

▼

☐

PhI, Coordinator Last Name

▼

☐

PhI, Coordinator Middle Init...

▼

☐

PhI, Coordinator Telephone

▼

☐

PhI, Coordinator Email

▼

ABC Laboratory

Glen

Jones

S

555-555-5555

glen.jones@mailinator.com

ABC Labs 1

Glenda

Jones

555-123-4567

glenda.jones@mailinator.com

Deactivate Location(s)

Add New Location

\* Location Name

\* Primary Coordinator First Name

\* Primary Coordinator Last Name

Primary Coordinator Middle Initial

\* Primary Coordinator Telephone

\* Primary Coordinator Email

Cancel Location

Pause

Previous

Next

This step takes you to the **LOCATIONS PAGE** where you can **ADD** a location. You may also update and deactivate locations. *Reference the other sections in this guide to learn how to perform these activities.*

1. Click **NEXT** on the Organization Information page
2. Add the location’s details under the **ADD NEW LOCATION** header
3. Click **CREATE LOCATION**
4. Review location details under the **PENDING LOCATIONS** header
5. Repeat this process for each location you wish to add
6. Click **NEXT**

Audience

Organization Administrator

Tips

You must hit the **CREATE LOCATION** button before you can proceed the next page.

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# Step 3 of 3: Complete Resubmission


Your location(s) is now added. You can complete your resubmission.

- 1. Click **NEXT** on the Responsible Officers page
- 2. Read the **REVIEW** page

You have now added locations to your organization.

## Audience

Organization Administrator



Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

✓

✓

Review

Your Enrollment Status is: **Submitted (Ready for Internal Review)**

Your organization has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Please note, the Organization Admin can also request a signature for CMO and CEO. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

Organizations who successfully meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended prescribers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please email [COVIDhelp@dhhs.nc.gov](mailto:COVIDhelp@dhhs.nc.gov).

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.



# Deactivating Locations



# Step 1 of 3: Begin Resubmission

Organization Administrators can **UPDATE** information about their organization submitted in **SECTION A**. Review your organization details first before resubmitting to **DEACTIVATE** existing locations. The below step is only applicable to organizations with a Provider Enrollment Agreement that has already been approved.

- 1. Navigate to the **HOME** page of the *CVMS Provider Enrollment Portal*
- 2. Select **RESUBMIT FOR CHANGES**
- 3. Click **NEXT**

Provider Enrollment

There is already an approved Provider Enrollment Organization record tied to your Account.

\* Would you like to review or resubmit the organization record?

Resubmit for Changes

Review

Resubmit for Changes

Pause

Next

## Audience

Organization Administrator

## Tips

You may update any information that is a part of your submission.

Clicking **PAUSE** allows you to save and return at a later point.



## Step 2 of 3: Deactivate Location(s)

Provider Enrollment

Approved Locations

| Location Name  | Primary Coordinator First Name | Primary Coordinator Last Name | Primary Coordinator Middle Initial | Primary Coordinator Telephone | Primary Coordinator Email  |
|----------------|--------------------------------|-------------------------------|------------------------------------|-------------------------------|----------------------------|
| ABC Laboratory | Glen                           | Jones                         | S                                  | 555-555-5555                  | glenjones@mailinator.com   |
| ABC Labs 2     | Glenda                         | Jones                         |                                    | 555-123-4567                  | glendajones@mailinator.com |

Deactivate Location(s)

Add New Location

\* Location Name

\* Primary Coordinator First Name

\* Primary Coordinator Last Name

Primary Coordinator Middle Initial

\* Primary Coordinator Telephone

\* Primary Coordinator Email

Create Location

Previous Next

This step takes you to the **LOCATIONS PAGE** where you will **DEACTIVATE** a location. You may also update and add locations. *Reference the other sections in this guide to learn how to perform these activities.*

1. Click **NEXT** on the Organization Information page
2. Select each location you wish to deactivate by selecting the checkbox from the list
3. Review the locations you have selected to deactivate
4. Click the **DEACTIVATE LOCATION(S)** button
5. Click **NEXT**

### Audience

Organization Administrator



# Step 3 of 3: Complete Resubmission


You have deactivated your location(s). You may now complete your resubmission.

- 1. Click **NEXT** on the Responsible Officers page
- 2. Read the **REVIEW** page

You have now deactivated locations from your organization.

## Audience

Organization Administrator



Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

✓

✓

Review

Your Enrollment Status is: **Submitted (Ready for Internal Review)**

Your organization has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Please note, the Organization Admin can also request a signature for CMO and CEO. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

Organizations who successfully meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended prescribers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please email [COVIDhelp@dhhs.nc.gov](mailto:COVIDhelp@dhhs.nc.gov).

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.



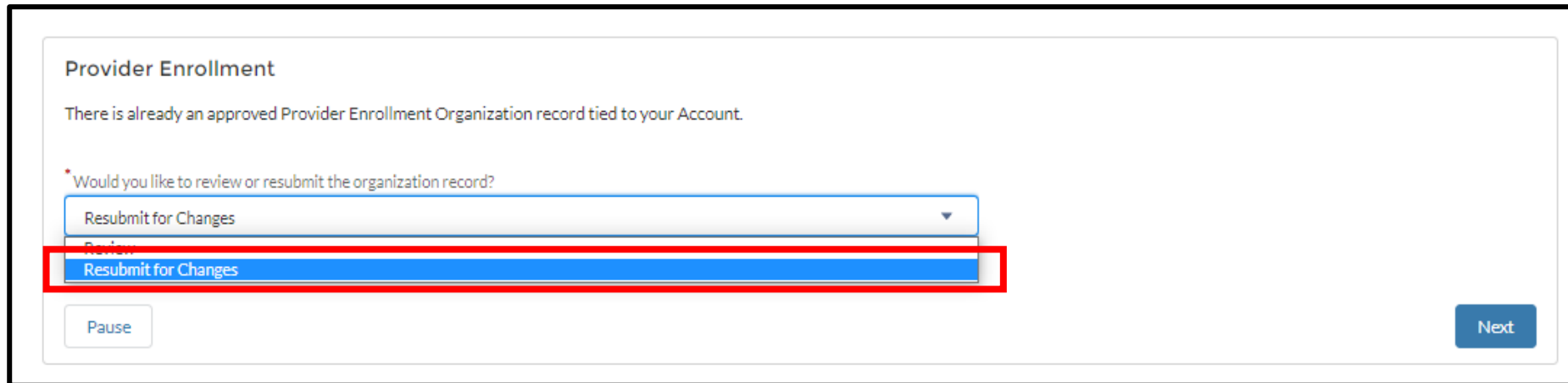
# Updating Locations



## Step 1 of 3: Begin Resubmission

Organization Administrators can **UPDATE** information about their organization submitted in **SECTION A**. Review your organization details first before resubmitting to **UPDATE** existing locations. The below step is only applicable to organizations with a Provider Enrollment Agreement that has already been approved.

1. Navigate to the **HOME** page of the *CVMS Provider Enrollment Portal*
2. Select **RESUBMIT FOR CHANGES**
3. Click **NEXT**



Provider Enrollment

There is already an approved Provider Enrollment Organization record tied to your Account.

\* Would you like to review or resubmit the organization record?

Resubmit for Changes

Review

Resubmit for Changes

Pause

Next

### Audience

Organization  
Administrator

### Tips

You may update any information that is a part of your submission.

Clicking **PAUSE** allows you to save and return at a later point.



# Step 2 of 3: Update Location(s)

NCDHHS

COVID-19 Vaccine Management System

HomeCED Review/SignCMO Review/SignLocations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

Locations

Responsible Officers

Review

Provider Enrollment

Approved Locations

☐

Location Name

▼

Pri. Coordinator First Name

▼

Pri. Coordinator Last Name

▼

Pri. Coordinator Middle Init...

▼

Pri. Coordinator Telephone

▼

Pri. Coordinator Email

▼

Pending Locations

☐

Location Name

▼

Pri. Coordinator First Name

▼

Pri. Coordinator Last Name

▼

Pri. Coordinator Middle Init...

▼

Pri. Coordinator Telephone

▼

Pri. Coordinator Email


▼

☐

ABC Laboratory

Glen

Jones



555-555-5555

glenjones@mailinator.com

☐

ABC Labs 2

Glenda

Jones

555-123-4567

glenda.jones@mailinator.com

Deactivate Location(s)

Add New Location

\* Location Name

\* Primary Coordinator First Name

\* Primary Coordinator Last Name

Primary Coordinator Middle Initial

\* Primary Coordinator Telephone

\* Primary Coordinator Email

Create Location

Pause

PreviousNext


This step takes you to the **LOCATIONS PAGE** where you will **UPDATE** a location. You may also add and deactivate locations. *Reference the other sections in this guide to learn how to perform these activities.*


- 1. Click **NEXT** on the Organization Information page
- 2. Click the **PEN ICON** associated with the field you wish to update
- 3. Update the information
- 4. Review the information. Repeat for all details you wish to update.
- 5. Click **NEXT**

## Audience

Organization Administrator

## Tips

You must hover over the field you wish to update to view the pen icon .



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# Step 3 of 3: Complete Resubmission


You now updated your location(s). You may now complete your resubmission.

- 1. Click **NEXT** on the Responsible Officers page
- 2. Read the **REVIEW** page

You have now updated your agreement.

## Audience

Organization Administrator



Home   CEO Review/Sign   CMO Review/Sign   Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

✓

✓

Review

Your Enrollment Status is: **Submitted (Ready for Internal Review)**

Your organization has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Please note, the Organization Admin can also request a signature for CMO and CEO. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

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For questions about the CDC COVID-19 Vaccination Program enrollment process, please email [COVIDhelp@dhhs.nc.gov](mailto:COVIDhelp@dhhs.nc.gov).

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.



# Appendix



# Locations Page

**NCDHHS**  
COVID-19 Vaccine Enrollment

Home CDO Review/Sign CMO Review/Sign **Locations** Responsible Officers Review

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.  
As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:  
[View More](#)

Provider Enrollment

**Approved Locations**

| <input type="checkbox"/> Location Name  | <input type="checkbox"/> Pri. Coordinator First Name | <input type="checkbox"/> Pri. Coordinator Last Name | <input type="checkbox"/> Pri. Coordinator Middle Init... | <input type="checkbox"/> Pri. Coordinator Telephone | <input type="checkbox"/> Pri. Coordinator Email |
|---|--|---|--|---|---|
| <input type="checkbox"/> ABC Laboratory | Glen   | Jones   | S  | 555-555-5555  | glenjones@mailinator.com                        |
| <input type="checkbox"/> ABC Lab 2      | Glenda   | Jones   |  | 555-123-4567  | glendajones@mailinator.com                      |

**Pending Locations**

| <input type="checkbox"/> Location Name | <input type="checkbox"/> Pri. Coordinator First Name | <input type="checkbox"/> Pri. Coordinator Last Name | <input type="checkbox"/> Pri. Coordinator Middle Init... | <input type="checkbox"/> Pri. Coordinator Telephone | <input type="checkbox"/> Pri. Coordinator Email |
|--|--|---|--|---|---|
|--|--|---|--|---|---|

[Deactivate Location\(s\)](#)

**Add New Location**

\*Location Name

\*Primary Coordinator First Name

\*Primary Coordinator Last Name

\*Primary Coordinator Middle Initial

\*Primary Coordinator Telephone

\*Primary Coordinator Email

[Create Location](#)

[Pause](#) [Previous](#) [Next](#)






- A list of all locations is displayed on the **LOCATIONS** page of the Section A flow.
- You may **ADD, UPDATE, or DEACTIVATE** any records on this page.
- Clicking **CREATE LOCATION** creates the location in your organization.
- The **NEXT** button will be disabled if text remains in the fields under the **ADD NEW LOCATION** header without you clicking Create Location.
- Delete the text if you do not wish to create the location.



# Additional Notes

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## Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- **\* Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

## Contact Information:

- All questions should be directed to the CVMS Help Desk Portal at [https://ncgov.servicenowservices.com/csm\\_vaccine\\_](https://ncgov.servicenowservices.com/csm_vaccine_).

## Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Safari, or Edge Chromium to access CVMS.
- For more information on supported browsers, see [https://help.salesforce.com/articleView?id=getstart\\_browsers\\_sfx.htm&type=5](https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5)
- Note: Internet Explorer and Edge (Non-Chromium) are not supported.



# User Guide Change Log

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## Key Items:

- **Date of Change:** Date that any updates were made to the User Guide
- **Changes Made:** Summary of the updates made within the User Guide
- **Impacted Slides:** Specific slides that were updated or changed
- **Author:** The user that made the updates to the User Guide

| Version | Date of Change | Changes Made   | Impacted Slides | Author          |
|---------|----------------|--|-----------------|-----------------|
| 1       | 12/10/2020     | • Original version   |                 | Kevin Kauffman  |
| 2       | 12/31/2020     | • Removed link to the Provider Enrollment portal   | 4               | Simon Couderc   |
| 3       | 1/7/2021       | • Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information. | 1, 2, 23        | Courtney Seward |
| 4       | 1/14/2021      | • Branding Update  |                 | Kechia Scott    |